

## ST. CHARLES POLICE DEPARTMENT

## FREEDOM OF INFORMATION REQUEST

Please type or print. REQUESTER'S NAME:		Date	Stamp
ORGANIZATION (If any.):			
ADDRESS:			
TELEPHONE #: (H) ( ) -	(W) ( )	- (FAX) ( )	-
RECORDS SOUGHT (Please be specific. A	Attach additional pages if necessary:		-
		CONTRACTOR OF PROTECTED	
		(SIGNATURE OF REQUESTER)	
The city will respond to a request for public an appeal. Appeals should be addressed to the		s after its receipt. If your request is den	nied, you may file
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